

TAMU GI Lab – Canine Chronic Enteropathy Clinical Activity Index

Date of evaluation: \_\_\_\_\_

Name of dog: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Sex (circle): male neutered female spayed

Name of owner: \_\_\_\_\_

Clinic/Hospital: \_\_\_\_\_

Dog evaluated by: \_\_\_\_\_

Evaluation of:	score (circle)	Specify, if applicable
<b>Attitude/activity</b>	0 normal	
	1 slightly decreased	
	2 moderately decreased	
	3 severely decreased	
<b>Appetite</b>	0 normal	
	1 slightly decreased	
	2 moderately decreased	
	3 severely decreased	
<b>Vomiting</b>	0 normal	
	1 mild (1x per week)	
	2 moderate (2-3x per week)	
	3 severe (>3x per week)	
<b>Stool consistency</b>	0 normal	
	1 slightly soft feces, or fecal blood, mucus, or both	(please circle)
	2 very soft feces	
	3 watery diarrhea	
<b>Stool frequency</b>	0 normal	
	1 slightly increased (2-3x per day)	
	2 moderately increased (4-5x per day)	
	3 severely increased (>5x per day)	
<b>Weight loss</b>	0 none	
	1 mild (<5%)	loss: _____ lbs/kg
	2 moderate (5-10%)	
	3 severe (>10%)	
<b>Albumin concentration</b>	0 Albumin > 2.0 g/dL	
	1 Albumin 1.5-1.99 g/dL	
	2 Albumin 1.2-1.49 g/dL	
	3 Albumin <1.2 g/dL	

<b>Ascites and peripheral edema</b>	0	none	
	1	mild ascites or peripheral edema	
	2	moderate amount of ascites/peripheral edema	
	3	severe ascites/pleural effusion and peripheral edema	
<b>Pruritus</b>	0	no pruritus	Changes in hair/coat/skin?
	1	occasional episodes of itching	
	2	regular episodes of itching, but stops when dog is asleep	
	3	dog regularly wakes up because of itching	

## Additional parameters

<b>Water intake</b>		normal	
		decreased	
		moderately increased	
		severely increased	
<b>Urination amount</b>		normal	
		decreased	
		moderately increased	
		severely increased	
<b>Flatulence</b>		normal	
		mild	
		moderate	
		severe	
<b>Serum cobalamin concentration (if known)</b>	_____ ng/L on _____ (date)		

<b>clinical signs</b>	When was the first time of clinical signs?	/ (mm/yy)
	How long has this patient having the clinical signs?	(wk • mth • yr)
Was this patient on any <b>immunosuppressive drugs</b> at the time of sample collection?		Yes / No
Please list all <b>immunosuppressive drugs</b> given up to 6 months prior to sample collection*.	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:
	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:
	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:
	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:
Was this patient on any <b>antibiotic drugs</b> before/at the time of sample collection?		Yes / No
Please list all <b>antibiotics</b> given up to 6 months prior to sample collection*.	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:
	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:
	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:
	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:
Please tell us about <b>cobalamin</b> supplementation given up to 6 months prior to sample collection*.	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:
	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:
Please list all <b>additional medications</b> (including supplements and nutraceuticals) given up to 6 months prior to sample collection*.	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:
	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:
	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:
	Drug name:	Dose:
	Regimen(i.e. q8h):	Start date: End date**:

\*Please list beginning with the most recent drugs.

\*\*If a patient is currently on this drug, please leave "End date" blank.